

CHILD DEATH REVIEW PROGRAM WORK PLAN FOR JULY 2001-JUNE 2002

<u>Communication</u>	<u>Data Quality</u>	<u>Team Health</u>	<u>Collaboration with DSHS</u>	<u>Focus on Prevention</u>	<u>Funding</u>
<p>1. Improve communication within CDR program - contractors; state committee; Melissa & Diane.</p> <p>2. Improve communication within DOH and with its partners in state and local government. (e.g. WSALPHO)</p> <p>3. Increase external communication: other state CDR programs, professional peers & the public (local and statewide)</p>	<p>1. Improve completeness of Data</p> <p>2. Improve timeliness of Data</p> <p>3. Maintain state database.</p> <p>4. Improve team functioning re information/data gathering – problem teams.</p> <p>5. Increase collaboration with other data systems (e.g. WIC)</p>	<p>1. Identify teams needing help: e.g. staff turnover, non-compliance, process &/or data problems.</p> <p>2. Promote use of Policy & Procedure Guidelines</p> <p>3. Strategy for engaging every LHJ & its team in CDR work.</p> <p>4. Explore how teams use CDR funds.</p> <p>5. Offer information/training to deal with emotional impact of reviews on team members</p> <p>6. Complete evaluation framework and continue ongoing evaluation.</p>	<p>1. Rebuild collaboration with Children’s administration.</p> <p>2. Strengthen relationship between CDR & other DSHS administrations.</p> <p>3. CPS participation on local teams</p> <p>4. Explore data sharing potential – DOH to DSHS and DSHS to DOH.</p> <p>5. Explore potential for DSHS financial contribution to CDR?</p> <p>6. Explore role of local team reviews in the CPS fatality review process.</p> <p>7. Strengthen link between CDR program and DSHS “blue ribbon” child death review panels</p>	<p>1. Increase communication to, from, and among local teams about prevention.</p> <p>2. Determine how State Committee should address recommendations for prevention.</p> <p>3. Consider changing name of CDR to include prevention language.</p> <p>4. Increase structure for helping local teams address prevention.</p>	<p>1. Re-examine CDR funding formula.</p> <p>2. Broaden funding base for CDR.</p> <p>3. Budget for 2001-02</p>

See PHS: Understanding Health Issues – Standards 1,2,3,4,5; and Prevention is Best- Standard 1

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COMMUNICATION

TOPIC	TASKS		TOOLS	ACTIVITIES	
	Program	Data		Program	Data
1. Improve communication within CDR program - contractors; state committee; Melissa & Diane.	Audience: Coordinators, LHJ nursing directors, state committee <ul style="list-style-type: none"> Communicate regularly about CDR activities. Offer to make presentations. 	Audience: Data people <ul style="list-style-type: none"> Include data info and tips in quarterly newsletter. Offer to make presentations. 	<ul style="list-style-type: none"> Stakeholder survey results Technical Assistance Database (both program and data) Evaluation Plan 	<ul style="list-style-type: none"> TA to LHJ's re program Set up & monitor listserve Set up stronger format & resume quarterly newsletter Present to Nursing Dirs, & ? Notes to Mary Develop/maintain address roster of local team members Produce Annual Report 	<ul style="list-style-type: none"> TA to LHJ's re data Monitor CDR listserve and respond when needed. Contribute Data information for quarterly newsletter. Notes to Mary Produce Annual Report
2. Improve communication within DOH and with its partners in state and local government.(e.g. WSALPHO)	Audience: DOH staff & administration, health officers & administrators. <ul style="list-style-type: none"> Encourage LHJ's to present CDR data to their stakeholders. Resume quarterly newsletter – coordinate with data. Offer to make presentations. Participate in internal (DOH) and external work groups – tie CDR to WG focus. Notes to Mary. 	<ul style="list-style-type: none"> Seek out opportunities to contribute CDR aggregate data to other state agencies. 	<ul style="list-style-type: none"> Workgroup participation: DOH IP DOH FV DOH MCH Teams MCH Data Committee DSHS CDR group LHJ Assessment Coordinators SIDS Foundation of WA NCFR Board Notes to Mary – track for consistent message 	<ul style="list-style-type: none"> Annual Report Office systems for CDR information & activities – more active role for a support staff 	<ul style="list-style-type: none"> Annual Report Data studies
3. Increase external communication: other state CDR programs, professional peers & the public (local and statewide)	<ul style="list-style-type: none"> Encourage LHJ's to present CDR data to their stakeholders Seek out opportunities to contribute to peer journals Increase communication with other states Seek out opportunities to make presentations at national meetings. Explore public communication – media,etc. 	<ul style="list-style-type: none"> Seek out opportunities to contribute to peer journals Seek out opportunities to make presentations at national meetings. 		<ul style="list-style-type: none"> Journal article (e.g. <u>NW Public Health</u>) Presentation at one national meeting per year. 	<ul style="list-style-type: none"> Present to Assessment Coordinators & others. Journal article (e.g. <u>NW Public Health</u>) Data Studies Presentation at one national meeting a year.

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DATA QUALITY

TOPIC	TASKS		TOOLS NEEDED	ACTIVITIES	
	Program	Data		Program	Data
1. Improve Completeness of Data	<ul style="list-style-type: none"> Address barriers re team access to info needed for review. Address issues related to enthusiasm and participation in process. (See Team Health Section) 	<ul style="list-style-type: none"> ID missing data and partner with LHJs to decrease missing data. Link CDR database with birth & death records Link with DSHS client database. 	<ul style="list-style-type: none"> Database queries – missing data Database queries on team access to info needed for review Evaluation plan TA tracking tool 	<ul style="list-style-type: none"> Site visits CDR quarterly newsletter Listserve communication AAG advice 	<ul style="list-style-type: none"> Site visits Contribute to CDR quarterly newsletter Listserve communication
2. Improve Timeliness of Data	<ul style="list-style-type: none"> Enforce contract 	<ul style="list-style-type: none"> E-mail reminders Identify LHJ barriers to timely data submission. 	<ul style="list-style-type: none"> Maintain record of data extractions TA tracking tool 	<ul style="list-style-type: none"> Communication between Melissa & Diane 	<ul style="list-style-type: none"> Communication between Melissa & Diane Communication with LHJs.
3. Maintain state database.		Scheduled routine task	<ul style="list-style-type: none"> Periodic needs assessment re database needs (e.g. move to Access 2000?) 		<ul style="list-style-type: none"> Work with Starling contractor on issues as they arise. Perform periodic Needs Assessment of data contacts.
4. Improve team functioning re information/data gathering – problem teams.	SEE <u>TEAM HEALTH</u>	SEE <u>TEAM HEALTH</u>			
5. Increase collaboration with other data systems (e.g. WIC)	<ul style="list-style-type: none"> Explore opportunities for data sharing 	<ul style="list-style-type: none"> Explore opportunities for data sharing 	<ul style="list-style-type: none"> Evaluation plan 		<ul style="list-style-type: none"> Proposed MCH-WIC Data taskforce

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TEAM HEALTH

TOPIC	TASKS		TOOLS NEEDED	SPECIFIC ACTIVITIES	
	Program	Data		Program	Data
1. Identify teams needing help: e.g. staff turnover, non-compliance, process &/or data problems	<ul style="list-style-type: none"> Ongoing TA on process & participation Help small LHJ's consider regional teams Orient new coordinators & contract managers Talk with teams about need to orient new members 	<ul style="list-style-type: none"> Orient new data coordinators. 	<ul style="list-style-type: none"> Data queries (e.g. teams that don't have requisite members present at review) Survey Needs assessment – what do local teams needs? 	<ul style="list-style-type: none"> Listserve Stakeholder contributions to quarterly newsletter (e.g. regional team) 	<ul style="list-style-type: none"> Use of Listserve and quarterly newsletters to address data concerns. Stakeholder contributions to quarterly newsletter
2. Promote use of Policy & Procedure Guidelines	<ul style="list-style-type: none"> 			<ul style="list-style-type: none"> Listserve Newsletters CDR 101 	
3. Strategy for engaging every LHJ & its team in CDR work.	<ul style="list-style-type: none"> Gain understanding of barriers to successful participation of problem teams (i.e. lack of buy-in, inability to find coordinator, etc) in order to help address issues. 	<ul style="list-style-type: none"> Disseminate Data Encourage use of electronic database and help teams gain access to previously submitted data for their own use. 	<ul style="list-style-type: none"> Evaluation plan 	<ul style="list-style-type: none"> - Share local team generated prevention strategies with teams 	<ul style="list-style-type: none"> Share data results via data reports.
4. Explore how teams use CDR funds.			<ul style="list-style-type: none"> Review spending patterns over past 2 years (A 19's) 	<ul style="list-style-type: none"> Contractor workgroup PHelf discussion 	
5. Offer information/ training to deal with emotional impact of reviews on team members	<ul style="list-style-type: none"> Network with WA teams and other states to determine how teams are dealing with this (strategies that have worked) 			<ul style="list-style-type: none"> - Incorporate session on this into state/ regional meeting. 	
6. Complete evaluation framework and continue ongoing evaluation.	<ul style="list-style-type: none"> Complete evaluation framework / measures 	<ul style="list-style-type: none"> Complete evaluation framework / measures (LEAD) 			

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COLLABORATION WITH DSHS

TOPIC	TASKS		TOOLS NEEDED	ACTIVITIES	
	Program	Data		Program	Data
1. Rebuild collaboration with Children's Administration	<ul style="list-style-type: none"> Children's Justice Committee Identify CA staff to CDR (post Carolyn Andersch) Identify/indoctrine co-chair for State Committee 			<ul style="list-style-type: none"> Share aggregate data Explore DSA re identifiable data Attend CPS Coordinator meeting 	<ul style="list-style-type: none"> Compile aggregate data and respond to data requests.
2. Strengthen relationship between CDR & other DSHS administrations.	<ul style="list-style-type: none"> Maintain collaboration with DSHS CDR team 	<ul style="list-style-type: none"> Maintain collaboration with DSHS CDR team RDA 			
3. CPS participation on local teams	<ul style="list-style-type: none"> Check 				
4. Explore data sharing potential – DOH to DSHS & DSHS to DOH	DOH & DSHS AAG advice	<ul style="list-style-type: none"> Link DSHS client DB to CDR DB 			<ul style="list-style-type: none"> Data linkage and data sharing.
5. Explore potential for DSHS financial contribution to CDR	<ul style="list-style-type: none"> Would DSHS contribute to work of local teams? 				
6. Explore role of local team reviews in the CPS fatality review process.					
7. Strengthen link between CDR program and DSHS "blue ribbon" child death review panels.	<ul style="list-style-type: none"> CDR state team? 				

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FOCUS ON PREVENTION

TOPIC	TASKS		TOOLS NEEDED	ACTIVITIES	
	Program	Data		Program	Data
1. Increase communication to and among local teams about prevention	<ul style="list-style-type: none"> TA to LHJ's on how to start prevention in their community – collaborate with partners (e.g. SafeKids, EMS) State program continue to increase collaborate with pertinent partners such as injury prevention program. 			<ul style="list-style-type: none"> Statewide meeting – “Moving from Data to Prevention” Include EMS/IP educators, SafeKids coordinators, CDR team members, LHJ assessment staff 	<ul style="list-style-type: none"> Work with LHJs to ensure prevention strategies are tied to the data.
2. Determine how State Committee should address recommendations for prevention.	<ul style="list-style-type: none"> Talk with other states about recommendation process, summarize & bring to State Committee 				
3. Consider changing name CDR to include prevention language				<ul style="list-style-type: none"> State Committee discussion 	
4. Increase structure for helping local teams address prevention.	<ul style="list-style-type: none"> Rewrite Prevention chapter in Guidelines 			Reconvene TA workgroup	

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FUNDING

TOPIC	TASKS		TOOLS NEEDED	ACTIVITIES	
	Program	Data		Program	Data
1. Reexamine CDR funding formula				<ul style="list-style-type: none"> • Workgroup • PHELF 	
2. Broaden funding base for CDR	<ul style="list-style-type: none"> • Explore other funding sources for program maintenance, mini-grants to LHJ's for prevention activities, for specific statewide project (e.g. state meeting), for FIMR • Talk with DSHS about funding local teams for DSHS related fatality review. • 	<ul style="list-style-type: none"> • Explore other funding sources for mini-grants to LHJ's for prevention activities, for specific statewide project (e.g. state meeting), for FIMR 		<ul style="list-style-type: none"> • Grant writing: i.e.CDC grant for a state meeting 	Grant Writing
2. Budget for 2001-02	Include: Starling Training for state staff Training for LHJ's State meeting Listserve Travel – increase site visits Orientation for new local CDR staff	Determine Starling Consulting Workplan for upcoming year.			

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